

GRANT AWARD APPROVAL FORM

1. OFFICIAL NAME OF GRANT PROGRAM:

Date of SBE Approval of Grant Criteria 4/8/2008

2008--2009 National Board for Professional Teaching Standards Candidate Subsidy Grants
(year) (year) (title)

Type: ☒ Initial ☐ Amendment ☐ Continuation

Legislation Authorizing This Grant Program:

☒ Federal Grant: CFDA Number 84.925A ☐ State Aid Grant: Section Number _____ ☒ Other (Private, Foundation) State GF

2. SBE Priorities, Policies, and Programs that this Grant Supports (This information can be found on the SBE approved grant criteria form.):

This grant assists the state with ensuring we have excellent educators, which enhances our teacher quality program in accordance with No Child Left Behind

3. Background/Purpose of Grant Program: To coordinate a federal subsidy grant award program, with that of a Michigan subsidy grant award program, as well as subsidy grant awards at the local and regional level to ensure all candidates for National Board Certification receive financial support for their efforts. This collaboration will provide full funding for candidates in the 2008-2009 cycle.

Type of Grant Program: (check one)

☒ Competitive
☐ Formula
☐ Other: (specify below)

4. Target Population to be Served by Grant:

Teachers currently employed by a K-12 Michigan public or private school who are interested in obtaining National Board Certification from the National Board for Professional Teaching Standards.

5. Eligible Applicants:

Any currently employed Michigan K-12 public or private school classroom teacher.

6. Award Information:

Original Award Date:	<u>12/1/08</u>	Amendment Date(s): _____	Amendment Amount(s): \$ _____	Total Recommended Award to Date: <u>\$147,500</u>
			\$ _____	
Original Award Amount:	<u>\$147,500</u>		\$ _____	
Federal Award:	<u>\$73,750</u>		\$ _____	
State Award:	<u>\$73,750</u>		\$ _____	

7. Program Office Responsible:

Office	Unit	Contact	Phone
Office of Professional Preparation	Client Services	Krista Rled, Teacher Quality Coord.	30699

This Form Was Prepared by: Kathy Curtis

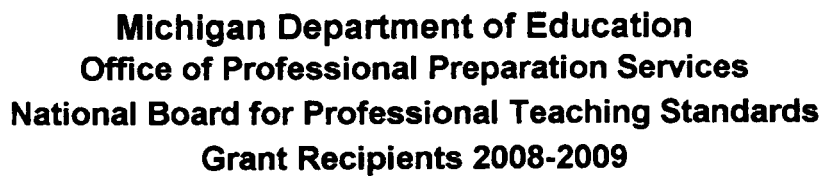
Phone Number: 50589

8. OFFICE	
Office Director Approval Signature: <u>Flora L. Jenkins</u>	Date: <u>12/4/08</u>
Phone: <u>3-6505</u>	Comments:
9. GRANTS OFFICE	
Grants Office Approval Signature: <u>Marylin Chantel</u>	Date: <u>12/10/08</u>
Comments:	
<input type="checkbox"/> Exhibit A Not Required <input checked="" type="checkbox"/> Exhibit B Not Required	
10. DEPUTY SUPERINTENDENT	
Deputy Superintendent Approval Signature: <u>Sally Vangel</u>	Date: <u>12-7-08</u>
Comments:	
11. SUPERINTENDENT	
Superintendent Approval Signature: <u>Mite</u>	Date: <u>12/15/08</u>
Comments:	

INSTRUCTIONS

- A. Complete items 1-8 on this form. The Grants Administration and Coordination Unit will facilitate completion of items 9-11.**
- B. Attach three (3) sets of Exhibits A and B (one original and 2 copies). Do not staple the pink form nor the originals of Exhibits A and B.**
- Exhibit A**—List of applicants (alphabetical order) recommended for funding, the amount requested and the amount Recommended to be funded.
- Exhibit B**—List of applicants (alphabetical order) not recommended for funding and the amount each requested.
- C. Attach the grant award letters for the Superintendent's signature and the non-award letters for the Service Area Director's signature. The letters should be submitted in the same order given in Exhibit A and/or B. For each final Grant Award Notification letter, a Grant Award Notification form (yellow sheet) also needs to be submitted for the Superintendent's signature.**
- D. Transmit Grant Award Approval Form (pink), attachments, and letters to the Grants Administration and Coordination Unit.**

Note: This process takes, on average, two weeks from the time the packet with the Office Director's signature on it is delivered to the Grants Office, until the time the fully signed packet is routed to the person administering the grant program. This time varies depending upon the number of corrections that are necessary and the availability of all of the signers. It can take longer particularly around holiday times when the signers may be out of the office. Proofread and plan accordingly.



PREFIX	LAST NAME	FIRST NAME	SCHOOL DISTRICT NAME	FEDERAL	STATE
Ms.	Legant	Laura	Holly Area School District	\$1,250	\$1,250
	Yoder	Lisa	Ithaca Public Schools		
			Kalamazoo Public School District		
			Kalamazoo Public School District		
			Lake Shore Public Schools (Macomb)		
			Lansing Public School District		
			Lansing Public School District		
			Leslie Public Schools		
			Portage Public Schools		
			St. Louis Public Schools		
			Detroit City School District		
TOTALS					